

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90100 021 \*\*\*\*70.00

DOCUMENT # N00000005547

1. Entity Name

*The Salesian Society of St. Petersburg, Inc* ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*6470 13<sup>th</sup> AVE N.*

Suite, Apt. #, etc.

3. Mailing Address

*6470 13<sup>th</sup> AVE N*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*ST. Petersburg, FL*

City & State

*ST. Petersburg, FL*

4. FEI Number

*59-3698583*

Applied For

Not Applicable

Zip

*33710*

Country

*USA*

Zip

*33710*

Country

*USA*

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Rev. Richard McCormick, SDB*

Street Address, (P.O. Box Number is Not Acceptable)

*6470 13<sup>th</sup> AVE N*

City

*ST. Petersburg*

**FL**

Zip Code

*33710*

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Rev. Richard J. McCormick, SDB*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/28/02*

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *P*  
NAME *McCormick Rev. Richard SDB*  
STREET ADDRESS *6470 13<sup>th</sup> AVE N*  
CITY-ST-ZIP *ST. Petersburg, FL 33710*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *V*  
NAME *MOLINELLI, Rev. Louis SDB*  
STREET ADDRESS *6470 13<sup>th</sup> AVE N*  
CITY-ST-ZIP *ST. Petersburg FL 33710*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *T*  
NAME *HANNA, Bro. William, SDB*  
STREET ADDRESS *6470 13<sup>th</sup> AVE N*  
CITY-ST-ZIP *ST. Petersburg, FL 33710*

TITLE  
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rev. Richard J. McCormick, SDB*

*4/28/02*

*(727) 344-4065*

CR2E037B (12/01)